



Texas Department of Insurance

Division of Workers' Comp

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ALLIED MEDICAL CENTERS
P O BOX 24809
HOUSTON TX 77029

Respondent Name

LUMBERMENS UNDERWRITING ALLIANCE

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-11-3505-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Upon further review we have noted that the correct pre authorization number has been located in the appropriate box on the cms-1500 since it's initial faxing on 3/16/11."

Amount in Dispute: \$280.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The carrier submits the requestor is not entitled to any reimbursement for the services rendered. Said services required pre-authorization, and the carrier maintains pre-authorization was not given for the services rendered. The requestor has alleged that 711117551 is the pre-authorization number for the services rendered. However, as the attached documents reflect, this pre-authorization number matches up with different dates of service. The requestor has not established that the services underlying the disputed charges were pre-authorized. Consequently, no reimbursement is due."

Response Submitted by: Flahive Ogden & Latson, Attorneys At Law, PC, P. O. Drawer 201329, Austin, Texas 78720

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 18, 2011	97110-GP, 97112-GP, 97140-GP	\$280.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §134.600 sets out guidelines for preauthorization, concurrent review, and voluntary certification of health care.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 04/07/2011

- 197 – Payment adjusted for absence of precert/preauth
- GP – Service delivered under OP PT care plan
- BILL COMMENTS: PRE-AUTHORIZATION #711117551 IS FOR DATES OF SERVICE 11/19/10 – 12/31/10.

Explanation of benefits dated 05/23/2011

- 193 – Original payment decision maintained
- 97A – Provider appeal
- 197 – Payment adjusted for absence of precert/preauth
- GP – Service delivered under OP PT care plan
- BILL COMMENTS: Per rule 134.600, preauth is required for PT-exempt for the first 6 visits within the first two weeks of the DOI or a surgical procedure. Your bills does not meet other exception and preauth is required.

Issues

1. Did the requestor obtain preauthorization approval prior to providing the health care in dispute in accordance with 28 Texas Administrative Code §134.600?
2. Is the requestor entitled to reimbursement?

Findings

1. Per Texas Labor Code, Section §413.011(b) “the insurance carrier is not liable for those specified treatment and services unless preauthorization is sought by the claimant or health care provider and either obtained from the insurance carrier or order by the commission.” 28 Texas Administrative Code, Section §134.600(c)(1)(B) states, “The carrier is liable for all reasonable and necessary medical costs relating to the health care required to treat a compensable injury...only when the following situations occur...preauthorization of any health care listed in subsection (p) of this section was approved prior to providing the health care.” 28 Texas Administrative Code, Section §134.600(p)(5) requires preauthorization of “physical and occupational therapy services.” Review of the submitted documentation finds that the requestor obtained preauthorization approval under number 711117551-1 on November 22, 2010 for continuation of Physical Therapy for the Lumbar, 2 times a week for 2 weeks with a start date of November 19, 2010 and an end date of December 31, 2010. Further review of the submitted documentation finds that the disputed dates of service were rendered and billed outside of the preauthorized timeframe.
2. Review of the submitted documentation finds that the requestor did not submit documentation to support preauthorization approval was obtained prior to providing the services in dispute in accordance with 28 Texas Administrative Code, Section §134.600. Therefore, no reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	September 30, 2011
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.